



HW # 174810

**LOS ANGELES COUNTY FIRE DEPARTMENT**  
**HEALTH HAZARDOUS MATERIALS DIVISION**  
 5825 Rickenbacker Road, Commerce, CA 90040

*Enclosed are your*  
**HAZARDOUS MATERIALS STATE REPORTING FORMS**

**Please follow these instructions carefully.** Attached are your Hazardous Materials Reporting Forms. It is your responsibility to see that this Department receives your annual disclosure of hazardous materials. Failure to properly file these documents may result in fines and penalties.

**1 - ANNUAL REVIEW:** Review the attached computer generated inventory for your business.

**To Revise:** Cross out the old information and **CLEARLY PRINT** the corrected information. If the material is a Regulated Substance, then complete OES Form 2731 and OES Form 2735.6.

**To Delete:** Write **DELETE** across the chemical information.

**To Add:** Complete all the information on OES FORM 2731. One copy has been provided for you. Feel free to make as many copies as you need. If the chemical is a Regulated Substance, also complete OES Form 2735.6.

**Additional Information:** Complete the Facility Information Sheet (OES Form 2730), Business Plan and Site Map.

**2 - REGULATED SUBSTANCE REGISTRATION:** Be sure to check your chemical inventory against the Regulated Substance List. Any Regulated Substance above the Threshold Quantity, in a process, must be registered. To register, complete the registration OES Form 2731 and 2735.6. Please complete one Chemical Description Form for each Registered Regulated Substance per process.

**3 - RETURN DOCUMENTS IMMEDIATELY:** Please sign this certification sheet and return it along with the attached forms to the address at the top. It is recommended that your annual inventory be submitted via certified mail.

If you require assistance in completing this form, feel free to contact the Los Angeles County Fire Department, Health Hazardous Materials Division, Disclosure Unit at (213) 890-4000, Monday through Friday 8:00 a.m. to 4:30 p.m.

## ANNUAL CERTIFICATION:

I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete. Enclosed is our chemical inventory (check all boxes that apply):

☐ **Delete:** There are chemicals that have been discontinued. These chemicals are clearly identified on the attached inventory.

☐ **Add:** There are new chemicals to report. Enclosed is OES Form 2731 for each new chemical.

☐ **Update:** There are a few corrections to be made. These corrections are clearly identified on the attached inventory.

☒ **No Change:** There are no changes to the current inventory. The computer printout is correct.

☐ **Regulated Substance Registration:** Enclosed is my Regulated Substance Registration (OES Form 2731 & 2735.6).

CARRIE SAFIAN  
 Print Name of Document Preparer

FRANCINE H. RIPPY  
 Print Name of Owner/Operator

*Francine H. Rippey* 1/9/98  
 Signature of Owner/Operator Date

019-999-005309  
 FRED R RIPPY INC  
 12471 E WASHINGTON BLVD

FEB 27 1998

Facility ID Number

**LOS ANGELES COUNTY FIRE DEPARTMENT  
HAZARDOUS MATERIALS BUSINESS PLAN**

Your business has been identified as one which may handle a hazardous material or a mixture containing a hazardous material. The State threshold quantity for the Business Plan and Inventory reporting of hazardous materials is 500 pounds, 55 gallons, or 200 cubic feet of a gas calculated at standard temperature and pressure, or the federal threshold planning quantity (if less than 500 pounds) for extremely hazardous substances. Please complete the following Business Plan and inventory.

**Please read attached requirements, definitions and instructions (pages A, B, C & D) prior to completing the Business Plan. This form shall be typed or printed legibly in ink. Return the completed original forms together to:**

Los Angeles County Fire Department  
Health Hazardous Materials Division  
Disclosure Unit  
5825 Rickenbacker Rd.  
Commerce, CA 90040-3027

<b>SECTION I: BUSINESS IDENTIFICATION DATA</b>			
BUSINESS NAME FRED R. RIPPY, INC.			
SITE ADDRESS 12471 E. WASHINGTON BLVD.	CITY	ZIP CODE	SITE TELEPHONE NUMBER (562) 698-9801
FACILITY UNIT			
BUSINESS MAILING ADDRESS SAME	CITY	STATE	ZIP CODE
BUSINESS OWNER FRANCINE H. RIPPY			
OWNER MAILING ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER ( )
PRINCIPAL BUSINESS ACTIVITY STAMPING OF LAMINATIONS FOR ELECTRICAL MOTORS			
I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.			
PRINT NAME OF OWNER/OPERATOR FRANCINE H. RIPPY	SIGNATURE <i>Francine H. Ripsey</i>		DATE 1/9/98
DOCUMENT PREPARED BY CARRIE SAFIAN	SIGNATURE <i>Carrie Safian</i>		DATE 1/9/98

<b>SECTION II: OCCUPANCY DATA</b>			
A. If your business has a license or permit from any of the following agencies, please indicate the number.			
1. Hazardous Materials Underground Storage	NUMBER	4. Los Angeles County Business License	NUMBER
2. Los Angeles County Hazardous Waste Control License	NUMBER 1010 174810	5. Fire Department Permits	NUMBER 019-999-005309
3. City Business license City of: WHITTIER	NUMBER 28276	B. Does your business handle any quantity of radioactive material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C. Does your business have a storage tank(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1. Is the tank(s) above ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is the tank(s) below ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is the tank(s) in service at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICIAL USE ONLY	DIV	BN	STA	CITY CODE	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/> A		
ISSUED	REC'D	INSP#	TOTAL QUANTITY	FEE GROUP	DATE	BY	I.D.#

### SECTION III: EMERGENCY RESPONSE PLANS AND PROCEDURES

- A. Your business is required by State law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Administering Agency and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

Fire/Paramedics/Police/Sheriff  
Phone: 911

INDIVIDUAL RESPONSIBLE FOR CALLING 911

CAROL CASTILLO

AFTER the local emergency response personnel are notified, you shall then notify this Administering Agency and the Office of Emergency Services.

Local Administering Agency: (213) 890 - 4000  
State Office of Emergency Services: (800) 852 - 7550 or (916) 262 - 1621

INDIVIDUAL RESPONSIBLE FOR CALLING THIS ADMINISTERING AGENCY AND THE STATE OFFICE OF EMERGENCY SERVICES

CAROL CASTILLO

- B. List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials.

HOSPITAL/CLINIC

PRESBYTERIAN INTERCOMMUNITY HOSPITAL

ADDRESS	CITY	ZIP CODE	PHONE NUMBER
12401 E. WASHINGTON BLVD,	WHITTIER, CA	90602	(562) 698-0811

- C. DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

**State law requires your business to complete all sections of this Emergency Response Procedure listed below. The entry "Not Applicable" is not permitted. Use only the space provided, no attachments or supplements will be accepted.**

- D. Briefly describe your business' standard operating procedures in the event of a release or threatened release of hazardous materials:

1. **PREVENTION** (prevent the hazard) — Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to **prevent** these hazards from occurring? You may include a discussion of safety and storage procedures.

PROLONGED OVEREXPOSURE CAN CAUSE IRRITATION OF THE RESPIRATORY SYSTEM AND SKIN.

AREA OF USE IS PLACED IN A WELL VENTILLATED AREA.

2. **MITIGATION** (reduce the hazard) — Describe what is done to **lessen** the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

ALL EMPLOYEES THAT WILL BE USING A HAZARDOUS SUBSTANCE ARE INSTRUCTED IN ITS PROPER USE AND HANDLING. ALL MATERIALS ARE STORED IN CLOSED CONTAINERS. SPILL CONTAINING EQUIPMENT IS STORED BY ALL NECESSARY EQUIPMENT.

## HAZARDOUS MATERIALS BUSINESS PLAN - (continued)

3. **ABATEMENT** (remove the hazard) — Describe what you would to **stop** and **remove** the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

1. EVACUATE AREA AND PROVIDE MAX. VENTILLATION.
2. DIKE AREA TO CONTAIN THE SPILL.
3. RECOVER SPILL WITH ABSORBENT MATERIAL.
4. PLACE IN SEALED CONTAINER FOR DISPOSAL.
5. DISPOSE FOLLOWING MATERIAL SAFETY DATA SHEETS INSTRUCTION.

4. Describe what policies and procedures your business will follow to immediately notify and evacuate your facility in the event of a release or threatened release of hazardous materials.

IN THE EVENT OF A HAZARDOUS SITUATION, A LONG CONTINUOUS BLAST ON THE OUTSIDE BUZZER IS  
A SIGNAL FOR ALL EMPLOYEES TO EVACUATE THE BUILDING AND SURROUNDING AREA, USING THE  
CLOSEST AND SAFEST EXIT FOLLOWING THE EMERGENCY PROCEDURES.

5. Your business is required by State Law to keep a copy of this Business Plan, including the inventory and Site Map. Describe where this copy is located at your business.

A COPY OF THE EMERGENCY PROCEDURES AND THE INJURY AND ILLNESS PREVENTION PROGRAM IS  
POSTED ON THE EMPLOYEE BULLETIN BOARD.

I.D. #

#### SECTION IV: EMPLOYEE TRAINING PROGRAM

- A. Describe the training for all employees in safety procedures in the event of a release or threatened release of hazardous materials. This training shall include, but not be limited to, the following: new employee training, annual training, periodic refresher courses, and familiarization with Section III (Emergency Plans and Procedures) of this business plan.

ONCE A YEAR A SAFETY AND HAZARDOUS MATERIAL MEETING WILL BE CONDUCTED BY THE SAFETY COORDINATOR. AT THAT TIME THE INJURY AND ILLNESS PREVENTION PROGRAM WILL BE REVIEWED AND DISCUSSED, AS WELL AS THE EMERGENCY PROCEDURES.

ANY NEW EMPLOYEE WILL BE FAMILARIZED WITH BOTH PROGRAMS AT THEIR TIME OF HIRE

CALIFORNIA BUSINESS & OWNER/OPERATOR IDENTIFICATION PAGE

CALENDAR YEAR BEGINNING (19) [01/01/1995] ENDING (20) [12/31/1995] (21) PAGE 1 OF [ 2]  
 BUSINESS NAME (3) [FRED R RIPPY INC] BUSINESS PHONE (22) [(562) 698-9801]  
 SITE ADDRESS (23) [12471 E WASHINGTON BLVD] 562  
 CITY (24) [WHITTIER] STATE [CA] ZIP (25) [  
 DUN & BRADST. (26) [ ] SIC CODE (4 DIGIT #) (27) [3469]  
 OPERATOR NAME (29) [ ] OPERATOR PHONE (30) [( ) - ]

OWNER INFORMATION

OWNER NAME (31) [Francine H. Rippy] OWNER PHONE (32) [(562) 698-9801]  
 OWNER MAILING ADDRESS (33) [12471 E. Washington Blvd]  
 CITY (34) [Whittier] STATE (35) [CA] ZIP (36) [90602]

ENVIRONMENTAL CONTACT

CONTACT NAME (37) [Carol Casti 116] CONTACT PHONE (38) [(562) 698-9801]  
 MAILING ADDRESS (39) [12471 E WASHINGTON BLVD]  
 CITY (40) [WHITTIER] STATE (41) [CA] ZIP (42) [90602]

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME (43) [RICHARD R. RIPPY]	VIRGIL VIG	NAME (48) [VIRGIL VIG]	FRANCINE H. RIPPY
TITLE (44) [VICE PRESIDENT]	PLANT MANAGER	TITLE (49) [PLANT MANAGER]	OWNER
BUSINESS PHONE (45) (562) [(310) 698-9801]		BUSINESS PHONE (50) (562) [(310) 698-9801]	
24-HOUR PHONE (46) 562-944- [(818) 333-4664]		24-HOUR PHONE (51) 3614 [(310) 944-5550]	
PAGER # (47) 5550 [( ) - ]		PAGER # (52) 626-333 [( ) - ]	

REGULATED SUBSTANCES (RS)

ON SITE RS (5) [NO ]

ADDITIONAL LOCALLY COLLECTED INFORMATION

(53)

ASSESSOR'S PARCEL NUMBER _____	FOR OFFICIAL USE ONLY ID # _____
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Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer (54) [Carrie Safian]  
 Signature of Owner/Operator (55) [Francine H. Rippy] Date (56) [6/22/98]

019-999-005309

FRED R RIPPY INC

12471 E WASHINGTON BLVD

4

28

## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ]

PAGE (21) [ 2 ] OF (21) [ 2 ]

BUSINESS NAME (3) [ FRED R RIPPY INC ]  
CHEMICAL LOCATION (58) [ ~~EAST WALL OF THE BLDG~~ North wall ]  
MAP# (59) [ ] GRID# ( [ ] )

CHEMICAL NAME (61) [ Tetrachloroethylene ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [ PERCHLOROETHYLENE ] RS (5) [ NO ]  
CAS # (64) [ ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [ Pure ] RADIOACTIVE (67) [ NO ] (68) [ 0.00000 ]

PHYSICAL STATE (69) [ Liquid ] CURIES

FED HAZARD (70) [ REACTIVE ] CHRONIC HEALTH [ ]

## CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ GAL ] MAX DAILY AMT (72) [ 190.00 ]  
CODE

DAYS ON SITE (73) [ 365 ] IF EHS, AMOUNTS MUST AVG DAILY AMT (75) [ 104.00 ]

LARGEST CONT. (76) [ 0.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [ Tank inside Building ]  
CONTAINERSTORAGE (79) [ Ambient ]  
PRESSURESTORAGE (80) [ Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ ]	(82) [ ]	(83) [ ]	(84) [ ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

## ADDITIONAL LOCALLY COLLECTED INFORMATION

FOR OFFICIAL USE ONLY

ID# \_\_\_\_\_

**Los Angeles County Fire Department**  
**Los Angeles County Certified Unified Program Agency**  
**FACILITY INFORMATION (OES 2730)**

PAGE \_\_\_\_ OF \_\_\_\_ 21

FACILITY ID # 019-999-005309		1 CALENDAR YEAR BEGINNING 1/1/98		19 ENDING 12/31/98		20		
BUSINESS NAME FRED R. RIPPY, INC.					3 BUSINESS PHONE 562-698-9801			22
SITE ADDRESS 12471 E. WASHINGTON BLVD.								23
CITY WHITTIER,				24 CA		ZIP CODE 90602		25
DUN & BRADSTREET			26 COUNTY LOS ANGELES		28 SIC CODE 3469		27	
OPERATOR NAME					29 OPERATOR PHONE			30
<b>OWNER INFORMATION</b>								
OWNER NAME FRANCINE H. RIPPY					31 OWNER PHONE 562-698-9801			32
OWNER MAILING ADDRESS 12471 E. WASHINGTON BLVD.								33
CITY WHITTIER			34 STATE CA		35 ZIP CODE 90602		36	
<b>ENVIRONMENTAL CONTACT</b>								
CONTACT NAME CAROL CASTILLO					37 CONTACT PHONE 562-698-9801			38
CONTACT MAILING ADDRESS 12471 E. WASHINGTON BLVD.								39
CITY WHITTIER			40 STATE CA		41 ZIP CODE 90602		42	
<b>EMERGENCY CONTACT</b>								
<b>PRIMARY</b>				<b>SECONDARY</b>				
NAME VIRGIL VIG				NAME FRANCINE H. RIPPY				48
TITLE PLANT MANAGER				TITLE OWNER				49
BUSINESS PHONE 562-698-9801				BUSINESS PHONE 562-698-9801				50
24-HOUR-PHONE				24-HOUR-PHONE				51
Exemption 6: Privacy				Exemption 6: Privacy				
PAGER #				PAGER #				52
<b>REGULATED SUBSTANCES (RS)</b>								
ON-SITE RS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			5 If yes, and at or above Threshold Quantities, fill out Regulated Substance Registration (OES Form 2735.6)					
<b>MAILING/BILLING INFORMATION</b>								
ADDRESS 12471 E. WASHINGTON BLVD.								53A
CITY WHITTIER			53B STATE CA		53C ZIP CODE 90602		53D	

**Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

PRINT NAME OF DOCUMENT PREPARER CARRIE SAFIAN		54	SIGNATURE OF OWNER/OPERATOR <i>Francine H. Rippey</i>		55	DATE 1/9/98		56
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OFFICIAL USE ONLY

DATE REC'D	HW	HM	ARP	AST	UST	TP	CUPA	PA
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**Los Angeles County Fire Department**  
**Los Angeles County Certified Unified Program Agency**  
**CHEMICAL DESCRIPTION (OES 2731)**

☐ ADD ☐ DELETE ☐ REVISE 57

REPORTING YEAR 1997

PAGE \_\_\_\_ OF \_\_\_\_ 21

<b>BUSINESS NAME</b>				3																				
FRED R. RIPPY, INC.																								
<b>CHEMICAL LOCATION</b>				58																				
NORTH WALL OF BLDG.																								
<b>MAP #</b>	59	<b>GRID #</b>	60	<b>FACILITY ID #</b>																				
				1																				
019 / 999 / 05309																								
<b>CHEMICAL NAME</b>				61																				
TETRACHLOROETHYLENE				62																				
<b>COMMON NAME</b>				63																				
PERCHLOROETHYLENE				5																				
<b>CAS #</b>				64																				
127-18-4				* If YES, all amounts must be in pounds.																				
<b>FIRE CODE HAZARD CLASSES (NFPA 704)</b>				65																				
<input type="checkbox"/> HEALTH <input type="checkbox"/> FLAMMABILITY <input checked="" type="checkbox"/> REACTIVITY <input type="checkbox"/> ADDITIONAL INFORMATION																								
<b>TYPE</b>				66																				
<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE <input type="checkbox"/> RADIOACTIVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				67																				
<b>PHYSICAL STATE</b>				68																				
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS				69																				
<b>FEDERAL HAZARD CATEGORIES</b>				70																				
<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input checked="" type="checkbox"/> CHRONIC HEALTH																								
<b>STATE WASTE CODE</b>	71	<b>UNITS *</b>	74	<b>MAX DAILY AMOUNT</b>																				
F001		<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS		2800 LBS.																				
<b>DAYS ON SITE</b>	73			75																				
365				1137 LBS.																				
<b>LARGEST CONTAINER</b>	76			77																				
55 GAL				55 GAL																				
<b>STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW</b>																								
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">A <input type="checkbox"/> ABOVEGROUND TANK</td> <td style="width:33%;">F <input type="checkbox"/> CAN</td> <td style="width:33%;">K <input type="checkbox"/> BOX</td> <td style="width:33%;">P <input type="checkbox"/> TANK WAGON</td> </tr> <tr> <td>B <input type="checkbox"/> UNDERGROUND TANK</td> <td>G <input type="checkbox"/> CARBOY</td> <td>L <input type="checkbox"/> CYLINDER</td> <td>Q <input type="checkbox"/> RAIL CAR</td> </tr> <tr> <td>C <input type="checkbox"/> TANK INSIDE BUILDING</td> <td>H <input type="checkbox"/> SILO</td> <td>M <input type="checkbox"/> GLASS BOTTLE</td> <td></td> </tr> <tr> <td>D <input type="checkbox"/> STEEL DRUM</td> <td>I <input type="checkbox"/> FIBER DRUM</td> <td>N <input type="checkbox"/> PLASTIC BOTTLE</td> <td></td> </tr> <tr> <td>E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM</td> <td>J <input type="checkbox"/> BAG</td> <td>O <input type="checkbox"/> TOTE BIN</td> <td></td> </tr> </table>					A <input type="checkbox"/> ABOVEGROUND TANK	F <input type="checkbox"/> CAN	K <input type="checkbox"/> BOX	P <input type="checkbox"/> TANK WAGON	B <input type="checkbox"/> UNDERGROUND TANK	G <input type="checkbox"/> CARBOY	L <input type="checkbox"/> CYLINDER	Q <input type="checkbox"/> RAIL CAR	C <input type="checkbox"/> TANK INSIDE BUILDING	H <input type="checkbox"/> SILO	M <input type="checkbox"/> GLASS BOTTLE		D <input type="checkbox"/> STEEL DRUM	I <input type="checkbox"/> FIBER DRUM	N <input type="checkbox"/> PLASTIC BOTTLE		E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM	J <input type="checkbox"/> BAG	O <input type="checkbox"/> TOTE BIN	
A <input type="checkbox"/> ABOVEGROUND TANK	F <input type="checkbox"/> CAN	K <input type="checkbox"/> BOX	P <input type="checkbox"/> TANK WAGON																					
B <input type="checkbox"/> UNDERGROUND TANK	G <input type="checkbox"/> CARBOY	L <input type="checkbox"/> CYLINDER	Q <input type="checkbox"/> RAIL CAR																					
C <input type="checkbox"/> TANK INSIDE BUILDING	H <input type="checkbox"/> SILO	M <input type="checkbox"/> GLASS BOTTLE																						
D <input type="checkbox"/> STEEL DRUM	I <input type="checkbox"/> FIBER DRUM	N <input type="checkbox"/> PLASTIC BOTTLE																						
E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM	J <input type="checkbox"/> BAG	O <input type="checkbox"/> TOTE BIN																						
<b>STORAGE PRESSURE</b>																								
<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT																								
<b>STORAGE TEMPERATURE</b>																								
<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC																								
<b>% WT</b>		<b>HAZARDOUS COMPONENT</b>		<b>CAS #</b>																				
1	81	82	83	84																				
2	85	86	87	88																				
3	89	90	91	92																				
4	93	94	95	96																				
5	97	98	99	100																				

\* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6) ON THE REVERSE SIDE OF THIS FORM.

OFFICIAL USE ONLY

<b>DATE REC'D</b>				<b>REVIEWED BY</b>			
<b>DIV</b>	<b>BN</b>	<b>STA</b>	<b>OTHER</b>	<b>DISTRICT</b>	<b>CUPA</b>	<b>PA</b>	

Los Angeles County Fire Department  
Los Angeles County Certified Unified Program Agency  
**REGULATED SUBSTANCE REGISTRATION (OES 2735.6)**

THIS FORM IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (WHICH INCLUDE EXTREMELY HAZARDOUS SUBSTANCES IN CALIFORNIA) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM (CalARP). THE OWNER OR OPERATOR SHALL COMPLETE A SINGLE REGISTRATION FOR EACH REGULATED SUBSTANCE PER PROCESS.

[illegible]

OFFICIAL USE ONLY

DATE RECEIVED:	DATE PROCESSED:	INITIALS:
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LOS ANGELES COUNTY FIRE DEPARTMENT  
HAZARDOUS MATERIAL SITE MAP

RETURN THIS COMPLETED ORIGINAL  
(SEE BACK FOR EXAMPLE)

AA	BB	CC	DD	EE	FF	GG	HH	II	JJ
11									1
22									2
33									3
44									4
55									5
66									6
77									7
88									8
99									9
10									10
11									11
12									12
A	B	C	D	E	F	G	H	I	J

**LAYOUT LEDGEND**

- MSDS STORAGE LOCATION
- EVACUATION/STAGING AREAS
- HAZARDOUS MATERIALS STORAGE/HANDLING AREA
- FIRE HYDRANTS
- FIRE EXTINGUISHER
- ELECTRICAL PANEL
- GAS SHUT-OFF
- WATER SHUT-OFF

BUSINESS NAME  
FRED R. RIPPY, INC.

ADDRESS  
12471 E. WASHINGTON BLVD., WHITTIER, CA 90602

ZIP CODE  
90602

Phone  
019-999-05309

# SITE MAP INSTRUCTIONS

1. Review these instructions and the example site map prior to completing your business' site map. Site maps not conforming to these requirements shall be returned for correction.
2. Business site maps are required to be completed by each business that handles a hazardous material which has a quantity at any one time during the reporting year greater than a total weight of 5,000 lbs., or a total volume of 500 gallons, or 2,000 cubic feet at standard temperature and pressure for compressed gas. For large businesses, complete additional site maps, if necessary.
3. The following symbols shall be used:

	Fire Department Sprinkler connection		Guard Station		Storm Drain
	Fire Department Standpipe Connection		Air Conditioning Controls		Sewer
	Fire Hydrants		Electrical Panel		Aboveground Tank
	E/S Evacuation/Staging Areas		Gas Shut-off		Underground Tank
	MSDS Storage Location		Water Shut-off		Insulated Tank
	LAS Limited Access Systems (e.g. Knox Box)		Fence/Barrier		Pressurized Tank
			Railroad Track		

4. Identify the storage areas and type of hazardous materials stored in these areas using the following symbols:

HMS - Hazardous Materials Storage/Handling Area

COM - Combustible

ETI - Etiologic

ORG - Organic Peroxide

PYR - Pyrophoric

WRE - Water Reactive

COR - Corrosive

EXP - Explosive

OXI - Oxidizer

RAD - Radioactive

WST - Waste

CRY - Cryogenic

FLA - Flammable

PSN - Poison

TOX - Toxic

LOS ANGELES COUNTY FIRE DEPARTMENT  
HAZARDOUS MATERIAL SITE MAP

BUSINESS NAME  
**XYZ Refinishing**

ADDRESS  
**123 First Street**

CITY  
**Anytown**

ZIP CODE  
**90000**

DATE  
**12/1/80**

Location: 12471 E WASHINGTON BLVD  
City : WHITTIER

Bus. Phone: (310) 698-9801  
Community: WHITTIER - 069

Mail: 12471 E WASHINGTON BLVD  
City: WHITTIER

State: CA  
Zip: 90602-

Owner: FRANCINE RIPPY  
Addr:  
City:

Phone: ( ) -  
State:  
Zip: -

Parcel ID:

Dunn/Brad:

METAL STAMPINGS NEC  
SIC: 3469 Your Activity Code:

Last Inv.: 202361H SqFt:  
Last P.O.:

#### Regulatory Programs Fee Groups

A:	B:	C:	D:	E:	F:	G:	H:01	I:	J:	K:	L:	M:03
N:	O:	P:	Q:	R:	S:	T:	U:	V:	W:	X:	Y:	Z:

#### General Tracking Information

Bus. Lic.: 28276

On: 01/06/97 By: MOSS

Descript.:

Division: 4

Battalion: 8

Insp. Uni: A-4

Inspector: 46

Station: 28

#### Tracking Milestones

RMPP	District Offices	Business Plan/Inventory
Rept Year:: / /	CENTRAL: / /	New BP Issued:: 11/01/97
RS Received:: / /	EL MONTE: / /	BP Accepted:: 01/06/97
Former:: / /	LOMITA: / /	BP Rejected:: 06/16/98
Request RMPP:: / /	METRO: / /	BP Received:: 02/27/98
RMPP 1:: / /	PARAMOUNT: / /	INV Rejected:: / /
RMPP 2:: / /	SYLMAR: / /	INV Accepted:: 01/06/97
Audit/Inspect:: / /	: / /	INV Received:: 02/27/98
Corrections	Other Disclosures	Current Data Entry
BP/INV C Maild: / /	BP RPT YEAR: 01/01/97	ADMN Data: 03/30/88
BP Corr Rec'd: / /	INV RPT YEAR: 01/01/97	Data Edited: 06/16/98
Final Notice: / /	INSPECTED: / /	Data Printed: 01/15/97
RS Corr Mailed: / /	INV SUPPL RECD: / /	EMRS Data: / /
RS Corr Rec'd: / /	TIER II RECD: / /	Data Edited: 10/02/96
Inv Corr Rec'd: / /	MSDS: / /	Data Printed: 08/16/94
Inv Dist: 01/21/97	RELEASES: / /	BLANK: / /

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Inv Dist: 01/21/97	RELEASES: / /	BLANK: / /